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	> 7
Ado!)

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	<u> </u>		ve Octob			<u> </u>	<u>.</u>		9/64			
CLAIMS AS FILED - PART I								SMALL EN		•-	OTHER	
			(Column	(1)	(Colui	mn 2)		TYPE [OR		
10	TAL CLAIMS						RATE	FEE		RATE	FEE	
FO	۹ .		NUMBER FILED		NUMBER EXTRA			BASIC FEE	395.00	OA	BASIC FEE	790.0
TO	LAT CHA'SCEM	BLE, CLAIMS	ml	nus 20=	·			x 25		OR	x.50	
NO:	EPENDENT CL	AIIAS	t tj	inus 3 =				x 10.0		OR	x200	
MUI	LTIPLE DEPEN	DENT CLAIM PF	ESEMI						OR	: 2/0		
• If the difference in column 1 is less than zero, enter "0" in column 2								+/%)		OR	1 200	-
		_AIMS AS A									OTHER	THAN
	Ci	_AIMS AS A (Column 1)	MENDE	Colur)		(Column 3)	_	SMALL	EKTITY	OR	SHALL	
<	,]	CLAIMS		HIGH		PRESENT			ADDI-		RATE	ADD
	2H05	AFTER AMENDMENT		PREVIO	DUSLY	EXTRA		RATE	110NAL FEE		TATE	TION
AMENDMENT	Total	. 12	Minus	-2	0	= /		× 25	<i>\</i>	OR	×50.	/
Z Z	Independent	· 6	Minus	4	7	=		×100		OR	1200	7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											13/0	17
1,4p,1,180								+ 180		OR	+360	 - -
								ADOM, FEE		OR	ADDIT. FEE	4
-	-11 NS	(Column 1)		(Colu		(Column 3)			ADDI-	ı		ADD
8 ±	445	REMAINING AFTER		PREVI	BER	PRESENT		RATE,	TIONAL		RATE	TION
7.			! 		FOR	-	!		FEE.			FEE
Total Minus QO							2	x 25		08	X50	
							_ز	× 100		Üĥ	1200	<u> </u>
							٢	. 100		OR	+360	
							V	+/80			TOTAL	
								ADDIT, FEE	L	OR	ADDIT. FEE	
		Capatais	1		des i	1	- i		יוניפא	i) Più ii
TC		KEHANNIG AFTER		PREVI	KEER OUSLY	PRESERT		RATE	TIONAL		RATE	TION
MEN		AMENDMENT			FOR	 	1		FEE		x 50	
AMENDMENT	Total .	•	Minus			=	+	x 25		OR	×50	1.
N V	Independent	NTATION OF M	l	EPENDEN	T CLAII		┨.	× 100		OR	Tack	1
	rinoi Pricoc						<u></u>	r 180		OR	+360	
	K ma ento: 'n colu	non I to bestion to	יופ פיזניץ גד ככ	iumn 2, with	e '0' n c	olumin 3. 23 20, Enter 121		101/4	{	lon	1014	1

Parent Services Cross U.S. GEPARTURAL OF CONTROL